

AGS OPERATIONS PROCEDURES MANUAL

ATTACHMENT

9.4.5.a AGS Accident/Incident Investigation Report

AGS OPM Procedures in which this Attachment is used.

9.4.5		

Hand Processed Changes

<u>HPC No.</u>	<u>Date</u>	<u>Page Nos.</u>	<u>Initials</u>
_____	_____	_____	_____
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Approved: _____
AGS Department Chairman Date

P. Cirnigliaro

INJURY/ILLNESS INVESTIGATION REPORT

Employee Name: _____ Life #: _____ Dept.Div: _____ Date of Injury/Illness: _____
Date Reported: _____ If Late, Explain: _____
Occupation: _____ Supervisor: _____ Overtime: Yes/No

1. In what activity was the injured/ill person involved? Please include specific location and time.

2. Describe the events leading up to the injury/illness. How did the injury/illness occur? What is the extent of the injury/illness, or the medical diagnosis (If known)?

3. (A) What conditions contributed to the injury/illness?

(B) What actions contributed to the injury/illness?

(C) What other factors contributed to the injury/illness? (e.g. weather, job planning, design, equipment, training, materials, procedures, environment, personal protective equipment, machinery, co-workers, etc.)

4. Immediately following the incident, what actions were taken to mitigate causes?

5. What corrective measures are recommended to avoid recurrence of this injury/illness (e.g. better planning, PPE, ergonomic consultation, JSA, job re-design, etc.)?

6. Name of individual/group responsible for the implementation of these corrective measures?

7. Was there the potential for a more severe injury/illness? Yes/No How??

8. Is further investigation necessary? Yes/No Why?

Employee Signature: _____ Investigator/Supervisor: _____

Date of Investigation: _____ SE Review by: _____

DO NOT WRITE BELOW THIS LINE (FOR ADMINISTRATIVE PURPOSES ONLY)

___ NO INJURY/ILLNESS, PRECAUTIONARY VISIT ONLY

___ LOST WORKDAY CASE???

___ FIRST AID CASE

___ RECORDABLE CASE DUE TO

___ WORKERS' COMPENSATION CASE

(Over)

Original to J. Ellerkamp, Bldg 129, Copies to: ESH Coordinator, ESHS Representative, Supervisor/Manager

BNL F 3066B

INJURY/ILLNESS INVESTIGATION REPORT

Specific Data Requested: PLEASE COMPLETE INFORMATION BELOW TO FURTHER DEVELOP THE CASE ON SIDE 1.

WHAT HAZARD WAS INVOLVED?

- ☐ Point of Operation
- ☐ Rotating Blade
- ☐ Rotating Parts
- ☐ Ingoing Nip Points
- ☐ Flying Particles
- ☐ Sparks
- ☐ Sharp Edges
- ☐ Electrical
- ☐ Incorrect Equipment/Tools
- ☐ Defective Equipment
- ☐ Other _____
- ☐ Not Applicable

TYPE OF SURFACE INVOLVED?

- ☐ Confined Space
- ☐ Grass/Soil
- ☐ Floor/Surface
- ☐ Ladder
- ☐ Parking Lot
- ☐ Pavement
- ☐ Stairs
- ☐ Roadway
- ☐ Ramp
- ☐ Platform
- ☐ Other Elevated Surface
- ☐ Walkway/Sidewalk
- ☐ Not Specified

WHAT WERE THE SURFACE CONDITIONS?

- ☐ Slippery
- ☐ Wet/Damp
- ☐ Dry
- ☐ Other (Please Specify): _____
- ☐ Unknown
- ☐ Not Applicable
- ☐ Not Specified

WHAT ACTIONS WERE PERFORMED AT THE TIME OF INJURY/ILLNESS ?(PLEASE MARK ALL THAT APPLY):

- | | | | |
|-----------------------------------|-------------------------------------|----------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Holding | <input type="checkbox"/> Pulling | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Jumping | <input type="checkbox"/> Pushing | <input type="checkbox"/> Stretching/Reaching |
| <input type="checkbox"/> Crawling | <input type="checkbox"/> Kneeling | <input type="checkbox"/> Riding | <input type="checkbox"/> Twisting |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Lifting | <input type="checkbox"/> Running | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Grasping | <input type="checkbox"/> Lying Down | <input type="checkbox"/> Sitting | <input type="checkbox"/> Other (Specify): _____ |

WHAT TYPE OF VEHICLE WAS INVOLVED?

- ☐ NO vehicle was involved
- ☐ Private Pickup
- ☐ Private Motorcycle
- ☐ Private Bus
- ☐ Private Van
- ☐ Private Truck, Other
- ☐ Private Bicycle
- ☐ Private, Other
- ☐ Not Applicable

- ☐ AUI Vehicle
- ☐ Lab Pickup
- ☐ Lab Bicycle
- ☐ Lab Flatbed
- ☐ Lab Van
- ☐ Lab Other
- ☐ Lab Truck, Other
- ☐ Lab Bus
- ☐ Not Specified

WHAT TYPE OF EQUIPMENT WAS INVOLVED?

- ☐ Portable Electric Tools
- ☐ Portable Air Hand Tools
- ☐ Hand Tool (non-powered)
- ☐ Fixed Machinery
- ☐ Laboratory Equipment
- ☐ Maintenance Equipment
- ☐ Office Equipment
- ☐ Other
- ☐ None
- ☐ Not Applicable
- ☐ Experimental Equipment

Tool Name: _____

☐ Seat Belt equipped? ☐ SB worn? ☐ SB Approved?

WHAT WERE THE CAUSES INVOLVED?: Choose only one Direct Cause (a), up to three Contributing Causes (b), and one Root Cause (c) from those listed below:

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Equipment/Material Problem | <input type="checkbox"/> Drawing, Specification, or Data Errors |
| <input type="checkbox"/> Defective or Failed Part | <input type="checkbox"/> Training Deficiency |
| <input type="checkbox"/> Defective or Failed Material | <input type="checkbox"/> No Training Provided |
| <input type="checkbox"/> Defective Weld, Braze, or Soldered Joint | <input type="checkbox"/> Insufficient Proactive/Hands-on Experience |
| <input type="checkbox"/> Error by Manufacturer in Shipping | <input type="checkbox"/> Inadequate Content |
| <input type="checkbox"/> Electrical or Instrument Noise | <input type="checkbox"/> Insufficient Refresher Training |
| <input type="checkbox"/> Contamination | <input type="checkbox"/> Inadequate Presentation/Material |
| <input type="checkbox"/> Procedure Problem | <input type="checkbox"/> Management Problem |
| <input type="checkbox"/> Defective/Inadequate Procedure | <input type="checkbox"/> Inadequate Administrative Control |
| <input type="checkbox"/> Lack of Procedure | <input type="checkbox"/> Work Organization/Planning Deficiency |
| <input type="checkbox"/> Personnel Error | <input type="checkbox"/> Inadequate Supervision |
| <input type="checkbox"/> Inadequate Work Environment | <input type="checkbox"/> Improper Resource Allocation |
| <input type="checkbox"/> Inattention To Detail | <input type="checkbox"/> Policy Not Adequately Defined |
| <input type="checkbox"/> Violation of Requirement or Procedure | <input type="checkbox"/> Other Management problem |
| <input type="checkbox"/> Verbal Communication Problem | <input type="checkbox"/> External Phenomena |
| <input type="checkbox"/> Other Human Error | <input type="checkbox"/> Weather or Ambient Condition |
| <input type="checkbox"/> Design Problem | <input type="checkbox"/> Power Failure or Transient Problem |
| <input type="checkbox"/> Inadequate Man-Machine Interface | <input type="checkbox"/> External Fire or Explosion |
| <input type="checkbox"/> Inadequate or Defective Design | <input type="checkbox"/> Theft, Tampering, Sabotage, Vandalism |
| <input type="checkbox"/> Error in Equipment or Material Selection | <input type="checkbox"/> Other _____ |

RECOMMENDATION STATUS:

- ☐ Corrective Actions Recommended (JSA, Ergonomic Review, Personnel Protective Equipment, Workplace Analysis, Job Re-Design, etc.)
- ☐ Date of Recommendation _____
- ☐ Open
- ☐ Closed, Date: _____

ADDITIONAL COMMENTS: _____

